

**CENTRAL LOUISIANA RISK REVIEW PANEL  
LOCAL JAIL FACILITY APPLICATION**

Inmate's Name: \_\_\_\_\_ DOC #: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Facility: \_\_\_\_\_ DOB: \_\_\_\_\_

I believe I am eligible to be considered for review by the Risk Review Panel in accordance with the guidelines established by the Louisiana Department of Public Safety and Corrections.

\_\_\_\_\_  
Inmate's Signature

Submit application to:     Executive Staff Officer/Central Louisiana Risk Review Panel  
                                     David Wade Correctional Center  
                                     Route 2, Box 75  
                                     Homer, Louisiana 71040

\_\_\_\_\_  
Do not write below this line

Your application for review is returned without action for the following reason(s):

- G     Convicted of a crime of violence as defined or enumerated in La. R.S.14:2(13).
- G     Convicted of a sex offense as defined in La. R.S. 15:540 et seq. when the victim was under the age of 18 at the time of commission of the offense.
- G     Convicted of a violation of the Uniform Controlled Dangerous Substances Law that is not on the current Risk Review Eligibility List.
- G     Sentenced as a habitual offender under La. R.S. 15:529.1 where one or more of the crimes was a crime of violence defined or enumerated in La. R.S. 14:2(13).
- G     Participating in or recommended for participation in the IMPACT program.
- G     180 days or less until earliest release date.
- G     Felony detainer(s) or open warrant(s).
- G     Sentenced as a habitual offender under La. R.S. 15:529.1 where one or more of the crimes was a sex offense as defined in La. R.S. 15:540 et seq.
- G     Ineligible under current guidelines. Reason: \_\_\_\_\_  
   \_\_\_\_\_
- G     Previously denied and the panel did not recommend that you reapply.

\_\_\_\_\_

Executive Staff Officer's Signature

Date

Application Number

c: Wardens Office

Revised:12-06-01